

Tens of thousands of UK National Health Service workers fall ill with COVID-19

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As COVID-19 cases and hospitalisations surge across the UK, tens of thousands of National Health Service (NHS) workers are becoming the victims of the virus. The consequences for patient care and safety are chilling.

More than 100,000 people have died from COVID-19, with more than 3.3 million people infected since the pandemic started. Yesterday, Conservative Prime Minister Boris Johnson admitted that “on Tuesday we saw 4,134 admission to hospital on a single day, the highest at any point in this pandemic. There are now more than 37,000 COVID patients in hospitals across the UK...”

More than 650 health and social care workers have died of COVID-19 in the UK according to Office and National Statistics data.

Nearly 50,000 health care workers have contracted the virus and thousands more are isolating or shielding. Significant numbers of health workers have been suffering from the debilitating effects of Long Covid and Post Traumatic Stress Disorder (PTSD) since the first wave of the pandemic.

In December, there were reports that staff absence in some hospitals had doubled or tripled from the normal level of 4 percent. This means well above 100,000 of the 1.3 million NHS workforce could be absent currently. The remaining health workers, already burnt out from the first wave, are now being overwhelmed by the massive flood of cases and struggling to fulfil patient need.

Addressing its members this week, the chair of the British Medical Association, Dr Chaand Nagpaul, revealed the scale of the crisis. He wrote that there are “over 46,000 hospital staff off sick with Covid-19.” This was “heaping additional pressure on an already overstretched workforce struggling to manage even current critical care demand.”

The *Guardian* reported: “Across the country hospitals, GP surgeries and care homes are reporting abnormally high staff absence levels. In Kent, one of the hardest hit areas of south-east England, about 25% of clinical and administrative staff are believed to be absent. John Allingham, medical director of the local medical committee, which represents GPs in the

county, said in some practices as many as half of staff were absent, which was having an impact on vaccinations.”

At the Royal Bournemouth Hospital (RBH), health workers are contracting the virus at an alarming rate. In some wards only a few have not been struck down by the virus. There are outbreaks in the majority of wards and units in the hospital. Lack of planning and resources has led to these outbreaks. Staff have become victims of substandard personal protective equipment (PPE) guidelines and a lack of infection control measures.

Patient numbers and the number of staff with COVID-19 have doubled over the last three weeks. On Thursday, there were 365 COVID-19 patients, including 25 patients in ICUs in the NHS trust, which includes RBH and Poole hospitals. On Tuesday there were 530 staff unavailable for work. By Thursday, this had risen to 575 staff unavailable. 285 of these were in self-isolation with COVID symptoms, 230 were in self-isolation due to COVID cases among family members, and 60 health workers were absent due to shielding.

An intensive care nurse at RBH told the World Socialist Web Site (WSWS), “Our unit has now been expanded to theatres. One to one care for critically ill patients is no more. I had to look after two critically ill patients during my 12-and-a-half-hour shift today. Every day we run without adequate staff. I am really worried about patient safety.”

The huge infection rates among health and social care workers are an indictment of the Tory government. Years of running down the NHS and the acceleration of its privatisation had created widespread staff and bed shortages and a lack of resources even before the pandemic hit. However, the exacerbated staffing crisis the NHS is now facing is a direct result of the PPE guidelines of the Tory government.

According to experts, consistent use of full-body PPE—along with other infection-control measures—can diminish the risk of infection for health care workers. But Boris Johnson’s government ignored this advice and World Health Organization (WHO) guidelines.

When the pandemic began to rip through the population, there was a severe shortage of the required PPE. This was a result of years of underfunding of the NHS and social care. Between 2013 and 2016, the national stockpile of PPE was slashed by 40 percent as a part of £20 billion in NHS “efficiency savings.”

Instead of fulfilling demands for PPE, the Tories and Public Health England—along with the Health and Safety Executive—changed the guidelines amid the outbreak. The government downgraded COVID-19 to a non-High Consequence Infectious Disease (HCID) from March 19, 2020—reducing the level of what constitutes safe PPE for staff. A month later, the government amended guidelines for Cardiopulmonary Resuscitation (CPR) to cut down on the use of Face Filtering Piece masks (FFP3, FFP2), again in breach of WHO recommendations.

As a result, many health workers have been forced to look after patients with highly contagious coronavirus without adequate PPE. They have to wear flimsy aprons, simple surgical masks, visors and gloves even though they carry out tasks such as personal care, turning of patients, feeding, oxygen therapy, nebulisations and physiotherapy. Only the health workers who conduct aerosol generating procedures, in intensive care and theatres for example, are allowed to wear highly effective FFP3 masks and gowns, along with gloves and visors.

The government and Public Health England did not change the guidelines even after a new and virulent variant of COVID-19—which is now the UK’s dominant strain—was found in September last year. Neither did they change them in response to growing concern among experts over the airborne transmission of coronavirus.

In the summer, in a motion in parliament, government MPs voted down proposals to test all NHS workers weekly for COVID-19.

Recently, hundreds of health professionals including doctors, nurses and consultants issued an open letter to political leaders demanding higher-grade PPE. They point out that healthcare workers on the general wards are about twice as likely to contract COVID-19 as intensive care unit staff, who have the best equipment.

These demands have fallen on deaf ears.

A Department of Health and Social Care spokeswoman claimed: “The safety of NHS and social care staff has always been our top priority and we continue to work tirelessly to deliver PPE to protect those on the frontline. UK guidance on the safest levels of PPE is written by experts and agreed by all four chief medical officers. The guidance is kept under constant review based on the latest evidence and data.”

These lies have fallen flat in the face of the reality health

workers up and down the country confront.

A senior health care assistant in Liverpool Hospital told the WSWs, “I think PPE has always been insufficient and that corresponds to the downgrading of COVID by PHE. As they began to run out of stock, they downgraded a highly contagious and unknown virus which was criminal and driven by economics. I picked up on it back in March and was appalled by it and the fact that what Public Health England was doing was criminal and putting health care workers’ lives at risk. This needs to be emphasised and explained to workers. On a purely rational perspective it made no sense. I was shocked by it. So all our PPE, or lack of, flowed from this criminal decision that cost lives.”

Commenting on the 46,000 NHS staff that fell ill with COVID, he said “that’s quite a significant figure, on an already stretched workforce. It’s going to have, or is already having, a massive impact. The ward I work on has gone red again. This is the third time since last March. We are only taking COVID-19 positive patients now. I work in clinical gerontology, but the pressure is beginning to be felt again.”

The murderous conspiracy by the Tory government against health and social care workers would not have been possible without the support of the trade unions and Labour Party. The unions, despite their own findings through surveys showing the immense dangers employees face in the workplace from COVID-19, have done nothing but whimper and prostrate themselves before the government.

Everything points to this wave of the pandemic being worse than the last. The challenge facing NHS workers is the development of an independent political struggle against the ruling class and its political defenders in the fight for socialism and a workers’ government. Health workers cannot place any faith in the unions. Rank-and-file committees must be established to safeguard their health and safety and to wage a political struggle for essential resources.

The WSWs urges all National Health Service workers to contact us with their experiences. Health workers should join the NHS FightBack group and assist in building rank-and-file safety committees, independent of the trade unions.



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